

**STATEMENT OF ECONOMIC INTERESTS
FOR
AUDITORS,* CLAIMS MANAGERS/ADJUSTERS**

Date Received
Official Use Only

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER ()	
MAILING ADDRESS (May use business address)	STREET	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS

1. Full Name of Agency:

Position:

3. Disclosure Statement

NOTE: The **conflict-of-interest** code for your agency requires you to disclose an investment, source of income, interest in real property, or business position in a business entity if you were assigned or participated in a case involving that economic interest. Complete Part 1 or 1a, or if disclosure is required complete Part 2.

Part 1. No Disclosure Required

☐ I was not assigned and did not participate in any case or other assignment in which I had an economic interest as defined by Government Code section 87103. *(No further disclosure is required.)*

Part 1a. No Disclosure Required (Board of Equalization only)

☐ I was not assigned and did not participate in any property tax audits nor was I assigned any case or other assignment in which I had an economic interest as defined by Government Code section 87103. *(No further disclosure is required.)*

-or-

Part 2. Disclosure Required

☐ I had an economic interest, as defined by Government Code sections 87206 and 87207, with respect to a person, business entity or parcel of real property that was the subject of a case assignment in which I participated during the period covered by the statement, and I have therefore attached the appropriate schedule(s) to report that interest. Obtain the Form 700 schedules with filing instructions from the FPPC web site (www.fppc.ca.gov).

Schedule A-1 *Investments (Less than 10% Ownership)* ☐ attached

Schedule A-2 *Investments (Greater than 10% Ownership)* ☐ attached

Schedule B *Real Property* ☐ attached

Schedule C *Income, Loans, & Business Positions* ☐ attached
(Income Other than Gifts and Travel Payments)

~~Schedule D *Income* — Eliminated-see Schedule C~~ ☒ ~~attached~~

Schedule E *Income — Gifts* ☐ attached

Schedule F *Income — Travel Payments* ☐ attached

Total number of pages completed including this cover page: _____

2. Type of Statement

(Check at least one box)

☐ **Annual Statement (Year _____):**
You are required to file a statement by April 1 of the current year, disclosing reportable interests held or received from January 1 through December 31, of the previous year. If you began work after January 1, report interests held or received from the date you started work ____/____/____ through December 31.

☐ **Leaving Office Statement:**
You are leaving (or you left) your position on ____/____/____. You must file a statement within 30 days after that date disclosing reportable interests held or received from last January 1 through the date you left office.

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date Signed _____
(month, day, year)

Signature _____
(File this statement with your agency.)

This form is only for use by employees of the Franchise Tax Board, Board of Equalization, and State Compensation Insurance Fund.

Refer to your agency's **conflict-of-interest code regarding your eligibility to use this form and file the original with your agency.*

For detailed information on reporting requirements and the Information Practices Act of 1977, see the Form 700 Instructions and Appendix.